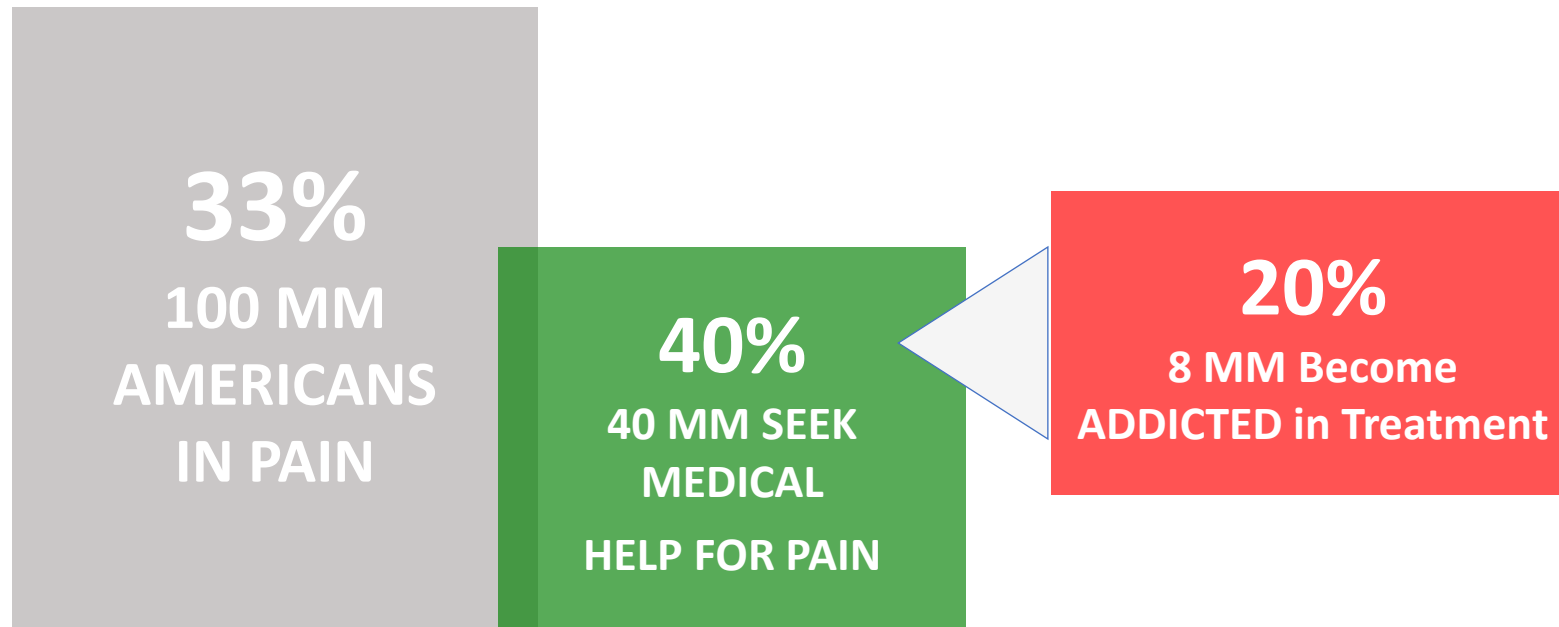


The Opioid Crisis

Prevention and Behavioral Health Committee

Co-chairs: Dave Wilde, Melissa Cheng, M.D.

CDC officially declares opioid abuse an epidemic.



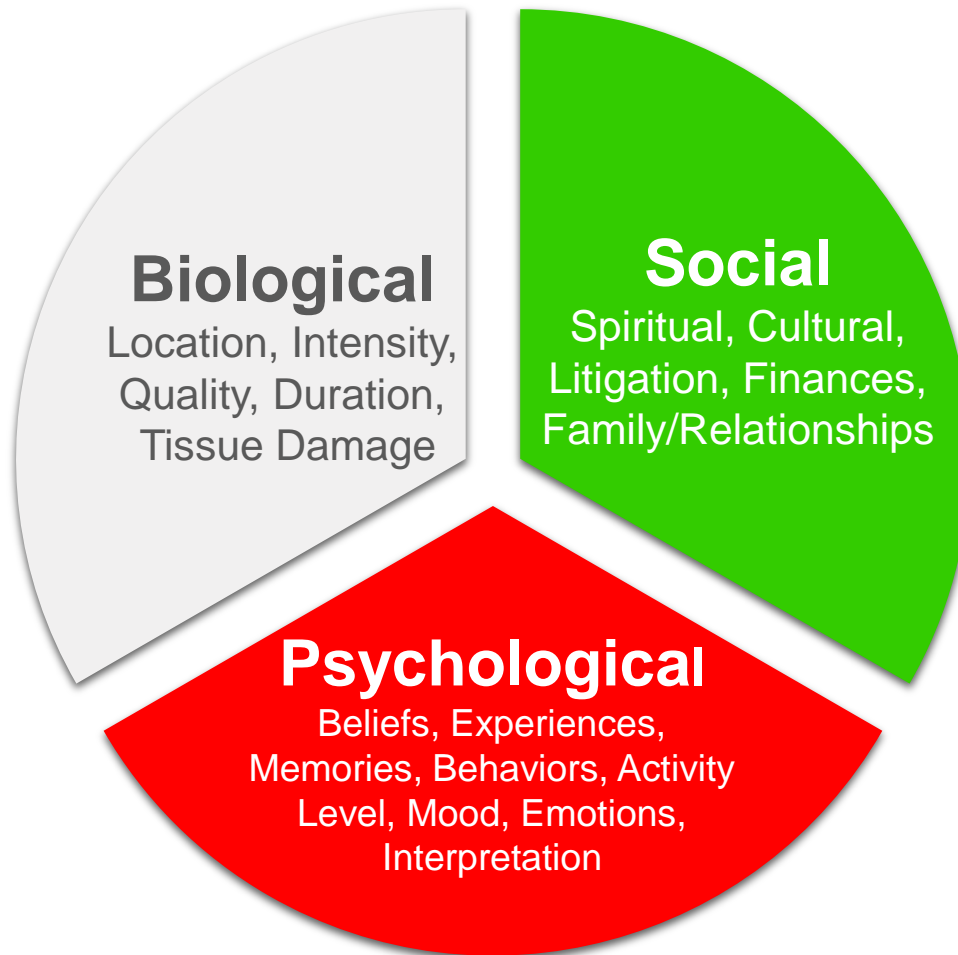
- Approximately 20 to 30% of chronic pain patients do not use controlled substances as prescribed or may abuse them.
- National statistics report that 35% of pain patients are high risk for abuse.
- We don't screen to know who these people are.

Sources: American Society of Interventional Pain Physicians (ASIPP), K.E. Vowles et al. Pain, 156 (2015) 569–576.

Mental Health & Pain

"When psychiatric services aren't available, patients often end up on opioid therapy because the drugs numb the emotional pain as well as providing temporary relief for physical pain."

Bankole Johnson, DSc., M.D., chairman of the department of psychiatry at the University of Maryland School of Medicine



“ this study raises the importance of an integrative approach when managing pain care. "The mind and body are closely tied together," he noted. "Doctors sometimes forget that pain is an emotional state,...."

Bankole Johnson, DSc., M.D., chairman of the department of psychiatry at the University of Maryland School of Medicine

Mental Health & Opioids

Opioid Abuse has been linked to higher rates of depression, anxiety, and bipolar disorders.

<https://www.ncbi.nlm.nih.gov/pubmed/21999943>

Problem bi-directional. Research suggests that simply using prescription opioids can put one at higher risk for depression

Opioids are less effective if a person suffers from depression, which can lead to increased use to achieve the desired effect.

<http://www.annfammed.org/content/14/1/54>

The Problem

- Mental health issues are not being addressed by doctors before prescribing opioids.
- More than half the prescriptions for painkillers went to individuals with depression and anxiety
- Those with mental health issues 3x more likely to be non adherent, feel pain more intensely, and have a less successful rehab.

Dartmouth-Hitchcock Medical Center & University of Michigan study

Solutions

- Insurances do not pay for many of the alternative “mental health” practices even if evidence based. This needs to be corrected.
- Doctors should be required to do a psychological risk assessment before prescribing opioids.
- Mental health problems should be addressed before prescribing opioids.

Dartmouth-Hitchcock Medical Center & University of Michigan study

Why we need to screen?

- We need to ask the right questions.
- We already screen for other diseases, so why not for substance use disorder?



SBIRT

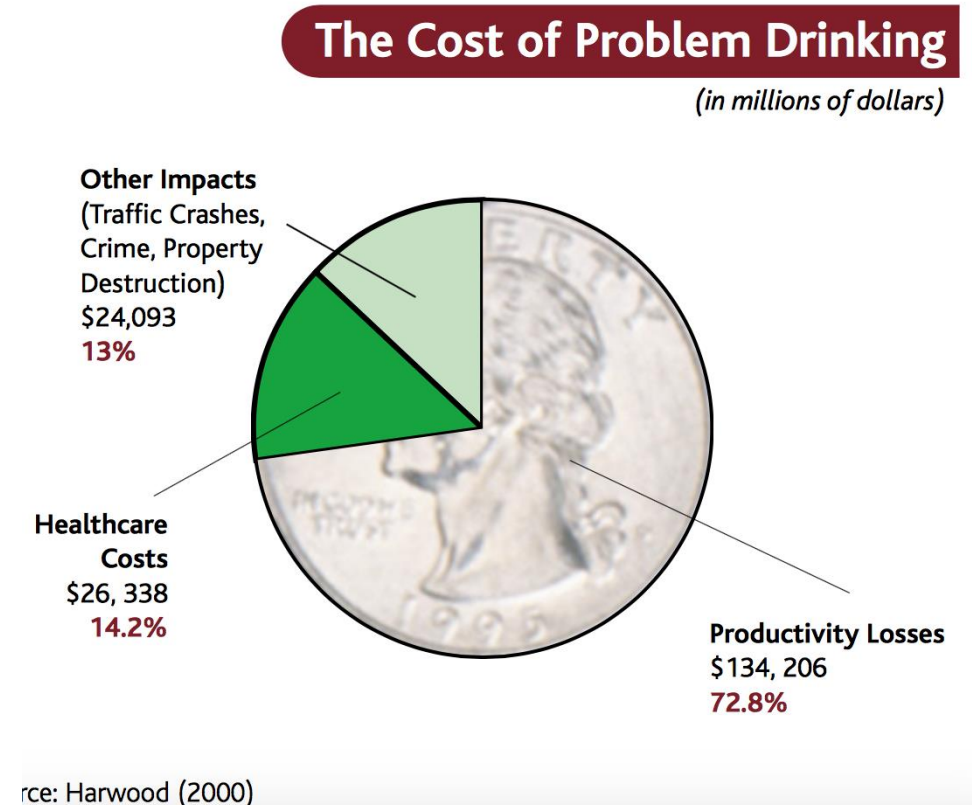
Screening, Brief Intervention and Referral to Treatment for substance use disorder.

Goal of SBIRT: to move away from addiction

- Identify our patients who are “at risk” for addiction and motivate them toward positive behavior change.
- Identify our patients with a substance use disorder and refer them for treatment.
- Why?

Cost of addiction? its expensive.

- Increase health care resources
 - Chronic disease
 - Hospitalization
 - Emergency Room
- Increase in criminal justice
 - 80% of offenders abuse drugs and/or alcohol.
- Decrease in workers productivity
 - WCI
 - Absenteeism and presentisms
- **For every dollar spent on substance use and addiction- 96% goes to dealing with the consequence and less than 4% goes to prevention.**



Recommendation #1

Increase academic detailing regarding SBIRT

- Improve SBIRT knowledge about screening, implementation, and referral to treatment and billing
 - Increase awareness for providers and healthcare systems about open SBIRT codes
 - When SBIRT codes are reimbursed vs. bundled
- Improve/Increase SBIRT marketing
 - Funding grants from Dept. of Health

Discussion

- Identify gaps in mental health parity for pain and addiction
- **Mental health and comprehensive assessment needs to be part of the pain management treatment plan**

Recommendation #2

Collaborate with insurance representatives

- Create a list of objective measures for mental health specialists to prove competence in addiction/pain management
 - Appropriate hours/CME addiction medicine training
 - Appropriate hours/CME pain treatment training
- Provide training programs with information on integrated health care and pain management
- Discuss fair reimbursement for SBIRT codes commensurate on provider time spent and complexity
- Discuss bundling of codes with other E&M codes

Discussion

- How to implement the recommendations made by the Prevention and Behavioral Health Committee
 - SBIRT
 - Integrative Pain Management and Behavioral Health Management